



Modified Version of PTO/SB/21

**TRANSMITTAL
FORM***(to be used for all correspondence after initial filing)*

Application Number	10/824063
Filing Date	4/13/2004
First Named Inventor	Renate Fruchter
Art Unit	2178
Examiner Name	CAMPBELL, JOSHUA D
Attorney Docket Number	S03-359/US

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawings | <input type="checkbox"/> After Allowance Comm. to TC |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related papers | <input type="checkbox"/> Appeal Comm. to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Comm. to TC
(Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/Declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Corresp. Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other (Specified below) |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Certified Copy of Priority Doc(s) | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Reply to Missing Parts/
Incomplete Application | Other:
Issue Fee | |
| <input type="checkbox"/> Reply to Missing Parts
under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

FIRM NAME	LUMEN PATENT FIRM, Inc.		
SIGNATURE	/ Trieu T. Mai / Reg.No. 61,354		
PRINTED NAME	Trieu T. Mai		
DATE	8/28/08	REGISTRATION NUMBER	61,354

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:

SIGNATURE	/ Abigail Capulong /
PRINTED NAME	Abigail Capulong
DATE	8/28/08

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SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Modified Version of PTOL/85